OCTOBER 1955

WINNING APPLICATIONS,
1955 ACHIEVEMENT AWARDS

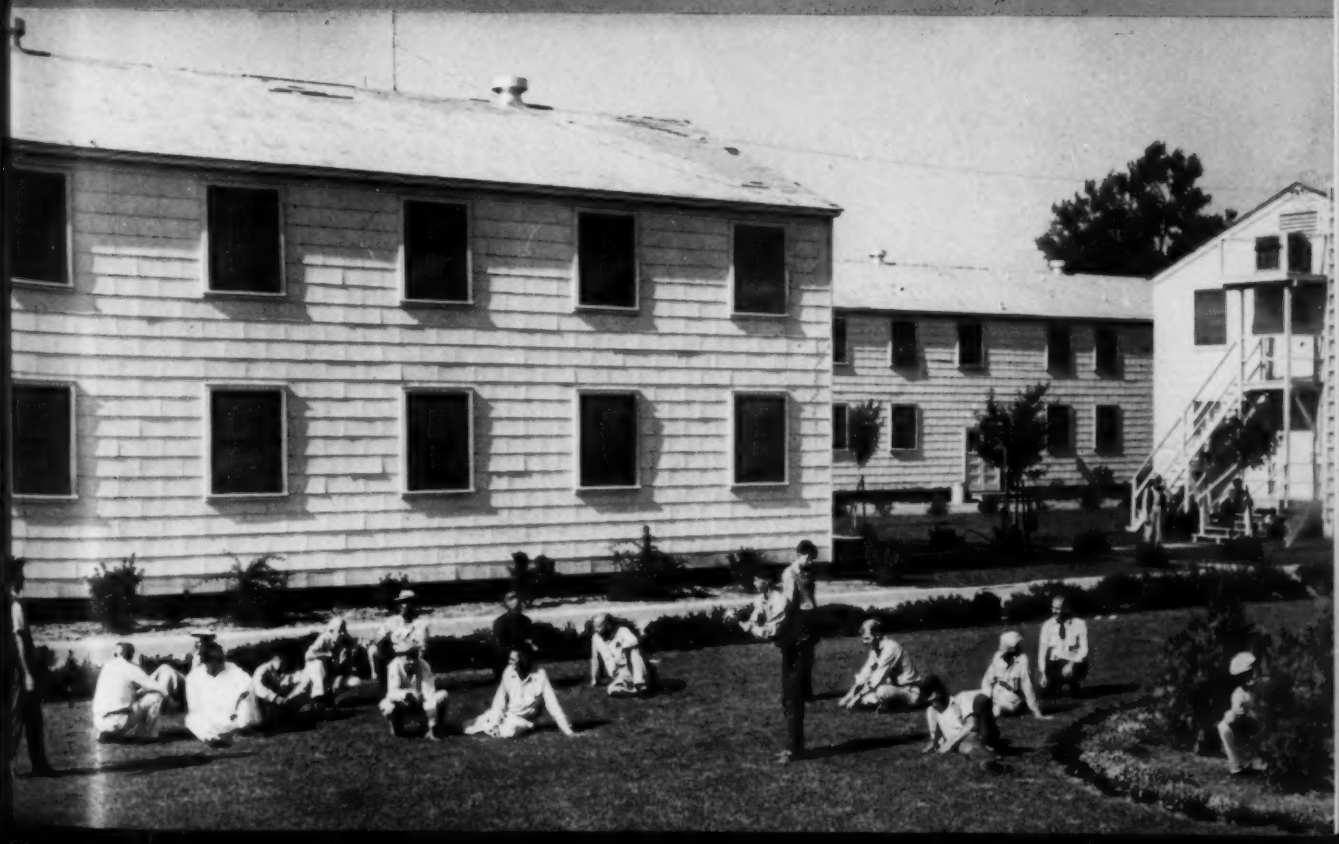
SPECIAL INDUSTRIAL THERAPY

PROCUREMENT–
SPECIFICATIONS–STORES

MAXIMUM SECURITY UNIT,
ST. ELIZABETHS HOSPITAL

Mental Hospitals

Published by American Psychiatric Association



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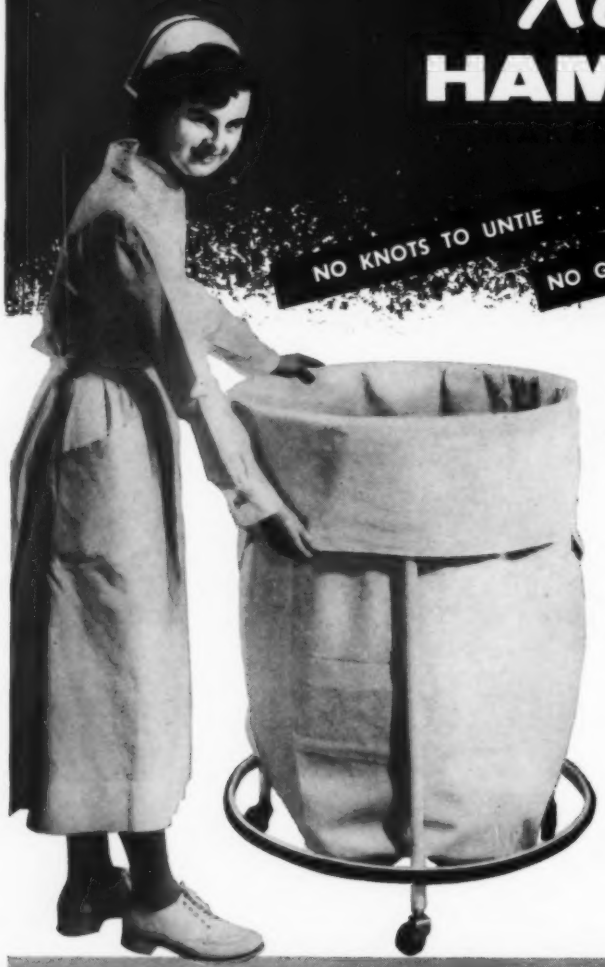

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Mental Hospitals

Volume 6
Number 10

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Special Features

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Regular Features & News

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(Cover design by Henry D. Chaplin)

THIS MONTH'S COVER

THE THREE BUILDINGS shown on the cover comprise the men's section of Modesto State Hospital's "privilege area." Here and on four wards housing 150 women, patients who are ready to leave the hospital learn to manage their own affairs under community-like conditions. This is the last step in their treatment program.

Each of the men's cottages is built to house 70 patients, making a total of 210 beds for men. Two people occupy each room, which permits some privacy and at the same time teaches them to be aware and considerate of at least one other person.

A small but important touch in the decor, since it stresses individuality, is that the two beds in each room are made to look different; one might have a plain color spread, for example, and the other a patterned one. In addition, each man has a chest of drawers and space to hang his clothes. He is required to care for his own clothing and bed, just as would be required in most rooming houses. Every day he must bathe, shave, change clothes and be otherwise well-groomed, and perform some type of meaningful work.

In order to qualify for residence on the privilege area, a patient must demonstrate that he will be able, when he returns home, to earn a living, manage his own affairs, and get along with other people. All patients recommended for transfer to this unit are screened by a committee composed of the area doctor, the superintendent of nursing services, and the supervisor of rehabilitation therapies.

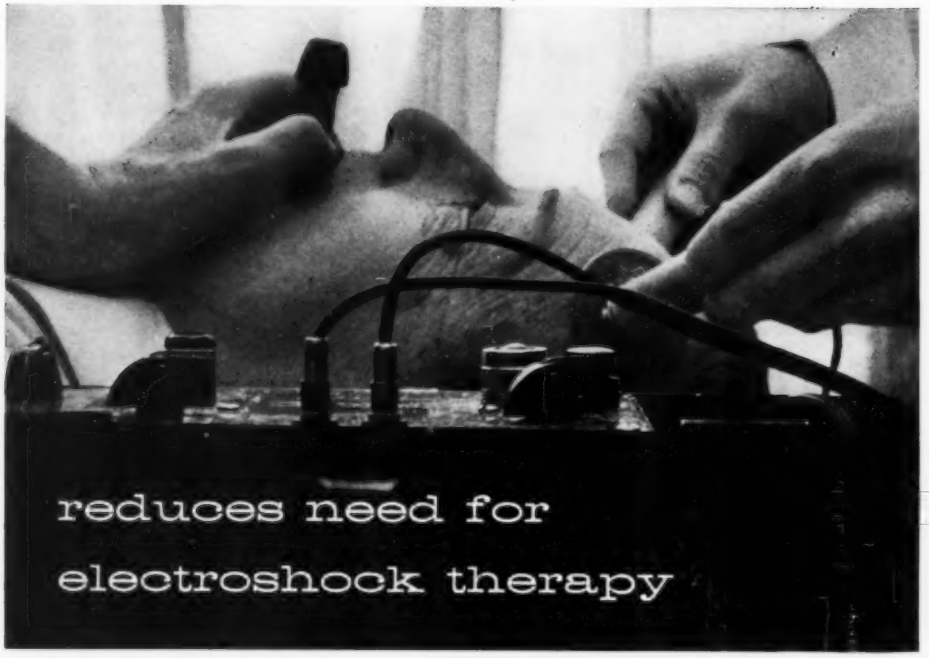
The men and women who reside on these special units are no longer treated as patients, but as much like normal citizens as possible. They are given maximum freedom and expected to be responsible for their own actions. The doors on the privilege cottages are never locked. Ward personnel do not enter a patient's room unless they are invited; and they often are, for a friendly "bull session" or a hand of gin rummy. (See photo-story, p. 20.)

The men and women on the privilege area are encouraged to find jobs in town and work while still living at the hospital. In this way they not only prepare for full community adjustment, but also can save up a "nest egg" for when they do go out on their own.

The privilege area plan was inaugurated several years ago with the wholehearted sanction of the hospital's superintendent, Dr. David B. Williams, who immediately saw the value of providing pre-discharge patients with some of the freedoms and responsibilities they will resume on leaving the hospital.

RALPH W. TUCKER
Supervisor
Rehabilitation Therapies
Modesto (Calif.) State Hospital

THORAZINE*



For example, at Rochester State Hospital, New York, "most of the electric shock in the hospital was suddenly abolished and 'Thorazine' was substituted . . . The number of patients receiving electric shock has fallen from a former level of 300 to only 9."

Pollack, B.: M. Times 83:439 (May) 1955.

'Thorazine' Hydrochloride is available in 10 mg., 25 mg., 50 mg. and 100 mg. tablets; 25 mg. (1 cc.) and 50 mg. (2 cc.) ampuls; and syrup (10 mg./5 cc.).

Additional information on 'Thorazine' is available on request.

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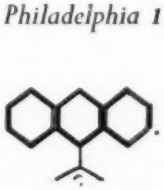


*T.M. Reg. U.S. Pat. Off. for S.K.F.'s brand of chlorpromazine.

Orientation and Reorganization Bring Major Improvements

By FRANK L. ADELMAN, M.D., Superintendent,

Western State Hospital, Fort Supply, Okla.

It was a balmy spring day in April of 1952 when the first psychiatrically oriented employee entered the grounds of Western State Hospital. The tree-shaded lawn was beautiful but completely deserted; the patients were indoors looking out—the ones, that is, who were fortunate enough to have their assigned chairs facing the windows.

In those days the patient served one purpose: he allowed the employees a regular income. The following conditions found on the wards will indicate the complete lack of feeling and understanding.

The untrained aide supervisor had complete authority over all ward activities to the extent that doctors' orders were cancelled by her if she did not agree. This was upheld by the administrator. In her orientation to new employees she was very emphatic about aides' not conversing with the patients and the patients' being kept quiet.

The patients were spoken *of*, not *with*. They were described as mean, stubborn, lazy, killers, syphilitics, filthy, nasty, and so on, within their hearing. They were instructed to raise one finger for the privilege of getting a drink and two for bathroom privileges. Many aides would refuse these privileges as punishment.

The weekly bathing was accomplished, sixty patients in an hour, by lining them up in the nude in the hallway, herding them into the bathroom in turn. Some were scrubbed with brooms, and if they were dried it was with the dirty bedding. (Employees had a good supply of bath towels for their own use.) There were skin rashes, discharges, and many undetected physical ailments because of this unfeeling procedure.

Patients were placed in seclusion and left there for months as punishment for verbal threats or other infractions. The need for seclusion was determined by the aides. On the most disturbed wards these patients were left on the wards at meal time without an employee.

On many wards the extremities of nearly every patient would be edematous from sitting in chairs for years without exercise. One ward of fifty men had twenty-one men with draining ulcerated areas on their shins. After clubs were found and removed from the ward, all but one of these ulcerated areas healed completely.

Haphazard Food Handling

The General Medical and Surgical Unit, designed to accommodate 105 patients, had nearly 150 patients crowded into its two wards. The reason: "They were in bed when I came here." An inspection of the food service for these wards revealed that the ice box was locked and the patient in charge of the trays took the key with him when he left the ward. This patient was so nearly blind he had to feel the food in the containers to know what he was serving. On other wards one soup bowl was used for everything including dessert because "they don't know no better anyway."

Infirm patients were housed upstairs and ambulatory patients downstairs with the use of the large porches.

A popular mode of giving medications was to have a handful of pills in one hand, a gallon bucket of water in another, and calling: "Pill time!"

Only working men had ground privileges and canteen privileges as a reward. No women were allowed on the grounds except in the regimented marching by two's, to and from meals, work and church and their recreation —one dance and one show a week. Patients who went to the activities were carefully chosen so people driving on the grounds would not laugh at any that looked or acted "funny".

Attendants were hired with no thought of aptitude or attitude. Some of them were illiterate, so the patients made out their daily reports.

There were no records kept on the wards. Tubercular patients were housed with the well. One ward had patients chained to radiators. One patient was assigned the care of the dead and was called on around the clock to perform this duty.

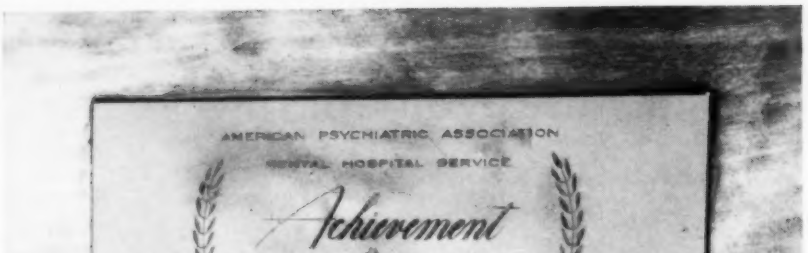
Patient abuse was prevalent and those actively engaged in it were not dismissed unless it could be "proven in court." While there were many more negative findings which could be added to the above, a progressive business manager and a nucleus of attendants who dared to express interest in better patient care were enough to keep alive a spark of hope.

The most acute problem was to alleviate the hostility the employees felt toward anyone who threatened their secure little niche. The administration realized that any corrective effort

Editor's note: With the presentation of awards, on October 3, to winners of the 1955 Mental Hospital Service Achievement Award competition, MENTAL HOSPITALS takes this opportunity to present fuller accounts of the winning applications than space in our June issue permitted.

This article is based on the application which won First Award. The judges were particularly impressed with the strides that were made with no increase in budget. Dr. Adelman was appointed Superintendent of Western State Hospital in September 1952.

Following, on page 7, are synopses of two of the Honorable Mention winners. The third, that of Boston State Hospital's annual report, was previously published in the April issue.



This silver plaque will be presented October 3 at the Seventh Institute banquet. The three Honorable mention winners will receive hand-lettered certificates.

would, of necessity, have to be directed in such a way to avoid any friction which might be reflected in patient care. Therefore, ward problems were not directly attacked. Instead, a psychiatric aide teaching program was started in August 1952.

Around the same time an orientation course was started for Red Cross volunteers who had repeatedly expressed their desire to serve the hospital. This service, which has now grown to great proportions, was the initial contact of the community with the hospital.

Within a few months, two Social Service workers, two Psychologists, a Rehabilitation Director, and a registered Laboratory and X-Ray Technician were hired.

A registered nurse and physician were hired who studied the cases of the bed patients in General Medicine and Surgery. As a result of this knowledge and consequent medical and surgical treatment, many bed patients soon became ambulatory. In February 1955, the monthly report showed only 31 of our 1,360 patients as bedfast. Surgery is done weekly, plus emergencies, by a surgical consultant.

In the summer of 1954, clinicians from the County Medical Society came to the hospital on designated days to see patients in their special fields. The needs of those patients were determined grossly by externes hired for the summer months to do physical examinations on chronic patients many of whom had not been examined for years. That same summer a young surgeon awaiting call to the armed services was put on the payroll for two months and surgery was done daily at that time.

New Atmosphere on Wards

Gradually, changes have taken place over the entire hospital: patients are properly segregated; tubercular patients are sent to suitable facilities at Norman. Infirm patients were moved to first floors on all areas. Canteen privileges are extended to all, and the beauty parlor gives on- and off-ward services to all patients. Church and recreation attendance has increased four and five times; patients are seen out playing croquet, tennis, soft ball, etc. Music, birds, fish, colored bedspreads and curtains are on wards. Two self-governing wards make their own rules, work assignments and such. Food service is much improved, and fire extinguishers are on all wards. Patients are urged to wear their own clothing.

Most important is the change of attitude toward the patient. Personnel are taught to be aware constantly that the patient is an individual entrusted to the hospital for special care, consideration, and guidance.

Medical Routines Established

Duplicates of all charts were put on the wards. These charts contain patient histories, current doctor's records, doctor's order sheet, nurse's notes, laboratory and X-ray reports, work assignments. The charts enable the aides, now interested, to learn something about the patient transferred to him. A medication card system was set up on all wards, also, which includes instructions for the proper handling and giving of medications as well as most nursing procedures carried out by aides.

Registered Nurse Supervisors were added to intensive treatment service, admission wards, geriatric and the chronic men's service, where a detailed research study is being carried out.

In January of 1954, a Clinical Director was added to the staff; admission procedures were reorganized and improved. Admission notes with tentative diagnosis, physical examinations, chest X-ray, Wasserman, blood count, dental check and first vaccinations are done within forty-eight hours after admission. At this time staff diagnostic conferences were started regularly, twice weekly, allowing no patient to be in the hospital over four days without being presented for diagnosis and treatment outline.

Electro Cerebral Stimulation is now preceded by Pentothal given intravenously and Atropine Sulfate. There is no longer dread of this treatment. It is carried out in the patient's own bed on his regular ward, with no excitement to stir up apprehension among the other patients on the ward.

An Insulin Therapy Unit was started on December first in an old dining area which was renovated with a bit of paint and ingenuity.

There are many improvements and additions needed at Western State Hospital, but we feel that since we have been able to do what we have done through change in attitude only and with an allotment per patient of $2.06 a day, there is no end to what could be accomplished with the budget increased to allow more personnel and supply our other needs.

Geriatric Program Gives Aged Patients New Outlook

ELDERLY PATIENTS make up about one-third of the patient population at Metropolitan State Hospital in Norwalk, Calif. Until 1952 there was no effort made to meet their special needs; they were, in the hospital's own words, "merely sitting out their life span away from home." Three years ago, however, the hospital tackled this problem with no extra staff or appropriations but with considerable success.

The once-drab wards now are attractively furnished, with colorful draperies, lamps, pictures and flowering plants. Patients and personnel on each ward chose the color schemes; murals were painted by two talented men patients. The day rooms also have television sets and radio-phonographs, and books and magazines from the hospital library. Pastel plastic tableware and regular utensils have replaced metal dishes and spoons.

The patients are encouraged to take pride in their personal appearance—a full-length mirror on each ward helps this. Regulated exercise, in the form of walks, simple games and calisthenics, has aided their physical and mental well-being. Most of them had to be re-taught the use of certain muscles, and some even how to walk again; ward personnel were instructed by the Physical Therapy Department in simple rehabilitation techniques. At present the only bedridden patients are those who must be confined because of acute medical or surgical illness.

The level of medical and psychiatric care for these elderly patients has likewise greatly increased. Electroshock therapy is given as indicated, and 21 are in psychotherapy. More attention is given to their need for eyeglasses, dentures, special diets and other medical requirements.

The community was urged to take an interest in the elderly patients. Several of the geriatric wards have been "adopted", and treated to birthday and holiday celebrations, monthly parties with homemade refreshments, and individual visits for patients who have no regular visitors. The Social Service department is arranging family care placements suited to the old folks' needs. Thus far, 23 had been placed.

Recreation and occupational therapy activities also have been adapted to the elderly patients' abilities and inclinations. Simple work tasks are assigned when feasible, and include gardening, mending, housekeeping, and assisting with invalid patients.

The hospital points out that this program represents no more than the proportional share of the hospital effort due this segment of the patient population. The improvements were made possible through organization and education.

State School Reorganization Ends Negative Approach

JULY 1953 marked the beginning of the end of a myth that had hampered the program at Indiana's Muscatatuck State School. The myth: mentally retarded patients cannot profit from rehabilitation efforts. Its influence was manifested in all the lacks which mark a custodial program. Just what those lacks were can best be shown by what has taken place at Muscatatuck since July 1953. (This was the month that the Indiana Division of Mental Health began operation.)

With an additional $300,000 for salaries and an intensive recruitment program, the working personnel force increased from 359 to 490; the professional staff grew from 17 to 70. Key personnel added included a clinical director, directors of rehabilitation, of psychiatric social service and of clinical psychology, a business manager and a chief engineer, all highly qualified.

An acute medical and treatment center was established, with a complete consultant staff of specialists. Orthopedic, opthalmological and general surgical services were started. Complete laboratory and dental services were inaugurated and a modern speech and hearing clinic was built and staffed. A nursing service was organized, with 8 registered nurses. Weekly outpatient clinic services were offered to all Indiana residents.

Some of the more significant research efforts include studies on phenylpuruvic acid, on reserpine and chlorpromazine, and on the psychiatric implications of patients returning to the community.

By way of professional education, internships in psychology and speech and hearing were begun, as well as medical externships. An in-service training program was also instituted. The staff conduct college-accredited workshops, both at the school and at universities.

The psychiatrically-oriented rehabilitation program features recreational, occupational and industrial therapy, psychological and religious counseling, and social services. The special education program was revamped and expanded, and covers 981 pupils, some 700 more than previously. Volunteer services were started under a qualified director, and a parents' group was formed.

Muscatatuck now has these services, as well as others that most institutions have long taken for granted; just two years ago it had virtually none of them. It has something else new, too: an optimistic philosophy of patient care that is the direct opposite of the myth that used to prevail.

The greater individual attention they now receive helps nursery patients at Muscatatuck to learn good habits.

MEDICAL EMERGENCY BOXES FOR PSYCHIATRIC HOSPITALS

By MARTIN H. WEINBERG, M. D.

Essex County Overbrook Hospital, Cedar Grove, N. J.

IT IS not possible to equip every ward with all the syringes and drugs needed in acute medical emergencies, yet with the increasingly aged population, it becomes more and more necessary to have available medication for swift use in heart attacks and other emergencies. The problem is: how to set up an emergency medical kit that is practical and portable. A delay in finding the drug, locating or sterilizing a syringe may be fatal. Nor is the catastrophic effect of such delay on staff morale to be ignored.

Here at the Essex County Overbrook Hospital, we have worked out a simple, practical and inexpensive solution to the problem. We start with ordinary metal cash boxes, the kind you buy for two or three dollars in any stationery store. This box has an insert tray with grooves and hollows intended for coins. Ampules and syringes fit these depressions as snugly as if the boxes had been tailor-made for that purpose. Each box contains an assortment of cardiac and other stimulants, emergency medications, narcotics and sterilely wrapped needles and syringes. In all, we have set up seven boxes in this 3,000 bed hospital. A common key unlocks any of these. Each physician has a key. However, each box is locked in a ward medicine cabinet and the nursing supervisor has the key to the cabinet. There is, thus, a double lock, since access to the box is possible only by joint action of one nurse supervisor and one physician. The kits are so distributed that no place in the hospital is more than five minutes away from a box.

Each box contains a drug inventory and a narcotic register. The physician rechecks and initials the narcotic inventory whenever he opens the box.

When the physician is called to the ward, and the need for the emergency box arises, the nursing supervisor sees to it that the drug box is brought to the ward before the physician gets there. The physician uses whatever drugs and equipment he needs and attends his patient.

After the emergency is over, the nurse on the ward sees to it that the syringes and needles used are washed and sent to the autoclave for re-sterilization. The physician fills out two orders for whatever drugs he has used. One copy remains in the box and the other goes to the pharmacy for re-supply.

The very existence of this kit has given the staff a sense of security. The program was launched by a seminar on the management of acute medical emergencies. At a cost of less than ten dollars a box (including all contents), it was possible to provide swift and efficient coverage for medical emergencies in a large psychiatric hospital.

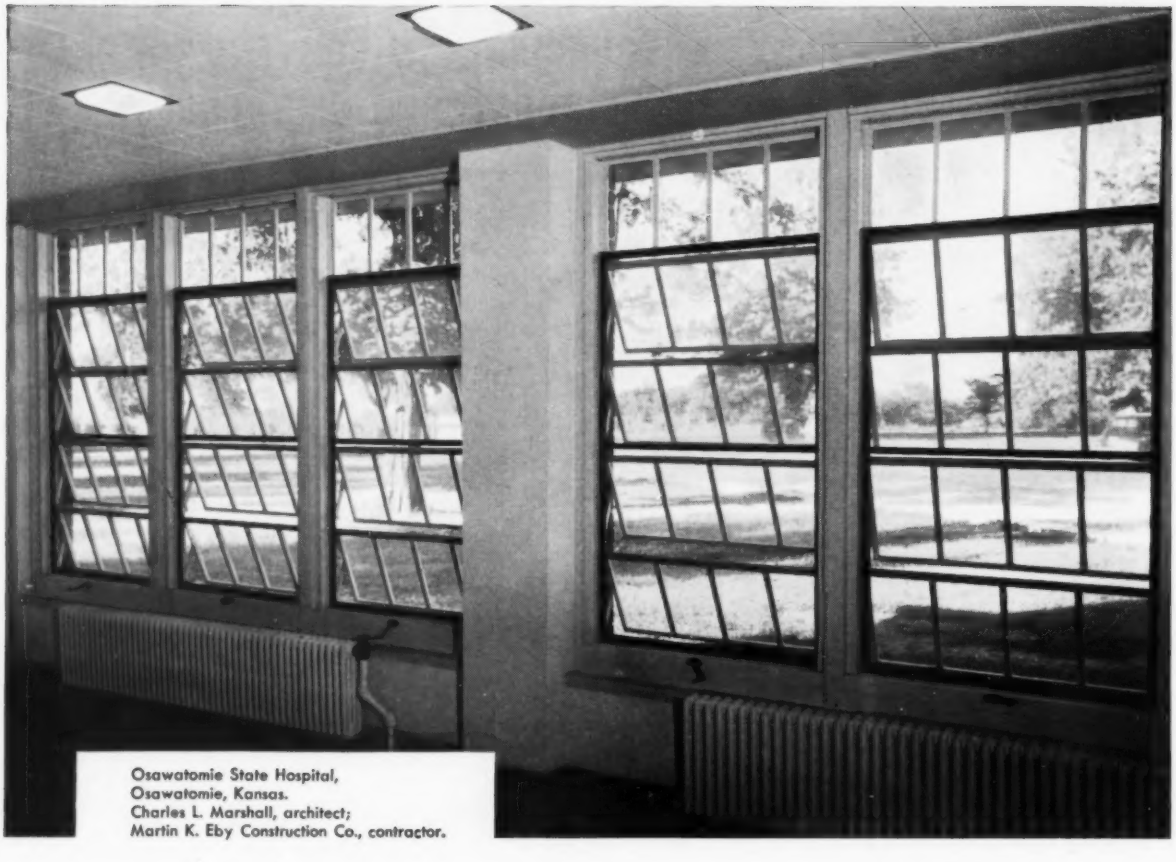
Contents of Emergency Kits

Equipment:

8 needles (two each, numbers 19, 20, 23, 25).
4 syringes (one each: 2, 5, 10, and 30 c. c.)
1 intracardiac needle.
1 tourniquet.

Drugs:	Dosage Unit:	Ampules or Tubes:
Adrenalin (R)	*1/1000*	*2*
Adrenalin in oil (R)	*1/500*	*1*
Aminophyllin	*3.75 grains*	*2*
Ammonia	*ampule*	*1*
Amyl nitrate	*ampule*	*1*
*Apomorphine**	*grains 1/32*	*1*
Atropine sulfate	*grains 1/100*	*1*
Benzedrine sulfate (R)	*20 mgm/c.c.*	*2*
Caffein sodium benzoate	*7½ grains/c.c.*	*2*
Calcium gluconate	*10 c.c. (1.375 Gm)*	*1*
Cedilanid (4 c. c.) (R)	*0.8 mgm Lantoside C*	*2*
Chlortrimetron (R)	*100 mgm/c.c.*	*1*
Coramine (R)	*25 per cent*	*2*
*Demerol * (R)*	*100 mgm*	*1*
Digitoxin	*0.2 mgm per c.c.*	*2*
Glucose (50%)	*25 c.c.*	*1*
Gynergen (0.5 mgm) (R)	*1 c.c.*	*1*
Magnesium sulfate	*2 c.c. of 50%*	*1*
Mercurhydrin (R)	*1 c.c.*	*1*
*Morphine sulfate **	*grains ¼*	*2*
*Morphine sulfate **	*grains 1/6*	*1*
*Nalline * 5 mgm (R)*	*1 c.c.*	*1*
Paraldehyde	*5 c.c.*	*2*
*Papaverine * (R)*	*grains 3*	*1*
Quinidine HCl	*grains 9 (5 c.c.)*	*1*
Sodium Amytal	*3.75 grains*	*1*
Sod. Phenobarbital	*2 grains*	*2*
Sterile water	*20 c.c.*	*1*
Wyamine sulfate (R)	*10 c.c. (15 mgm/c.c.)*	*1*

** Narcotic restrictions apply.*
R = Registered or proprietary trade name.



Osawatomie State Hospital,
Osawatomie, Kansas.
Charles L. Marshall, architect;
Martin K. Eby Construction Co., contractor.

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For example, you can have this Truscon Window with 100% ventilation and restraint provided by detention screens. It is particularly suited to the needs of mental hospitals. A similar design provides fixed meeting rails that limit vent opening to 5¼ inches. This is suitable where moderate detention is required.

Truscon designs all detention windows to the idea that it is important not only to protect mental patients against self-injury or escape, but that every indication of enforced restraint be concealed or minimized.

In this category, Truscon offers an unusually complete line of proved designs to provide adequate light and ventilation for mental patients. Truscon window engineers will help you and your architects select the proper Truscon Steel Windows for your geographical location, type of building, and degree of restraint required. Write for the complete Truscon Window catalog for your files.

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ARCHITECTURAL SUPPLEMENT

Mental Hospitals

OCTOBER, 1955

ARCHITECTURAL STUDY

The Maximum Security Service of St. Elizabeths Hospital

By FRANCIS J. TARTAGLINO, M.D., Clinical Director

The new Howard Hall, now being planned, has been based upon the active program described in this article. During the past nine years, this up-to-date program for maximum security patients has been carried out in a 70-year old building. When the new building reaches the final planning stages, it is hoped to publish floor plans and a description.

Photographs taken in Howard Hall by the Photographic Department of St. Elizabeths Hospital.

HOWARD HALL, the Maximum Security Service of St. Elizabeths Hospital in Washington, D. C., is an obsolete building almost seventy years old. The building was constructed in two sections. The first unit, constructed in 1887, was an L-shaped building two stories high with a total of four wards, each with fifteen single rooms. In 1888 an identical connecting unit was erected so as to form a hollow square. In subsequent years, sleeping quarters for employees and some day rooms were converted into dormitories so that the normal bed capacity was increased from 120 to 175.

Like most of the hospital, this section has become overcrowded. For the past few years we have been carrying a daily census of 188 patients. Our annual admission rate varies from 110 to 120 patients, and we discharge annually from 60 to 70 patients. The difference represents the number of patients transferred to other units of the hospital.

Present Ward Capacities and Classification

There are from 17 to 35 patients on each ward. Two wards with a combined total of 55 patients are classified as "privilege wards." Many of these patients are convalescent and about ready for discharge or transfer to wards outside of the Maximum Security Service. These patients have a limited form of "self government."

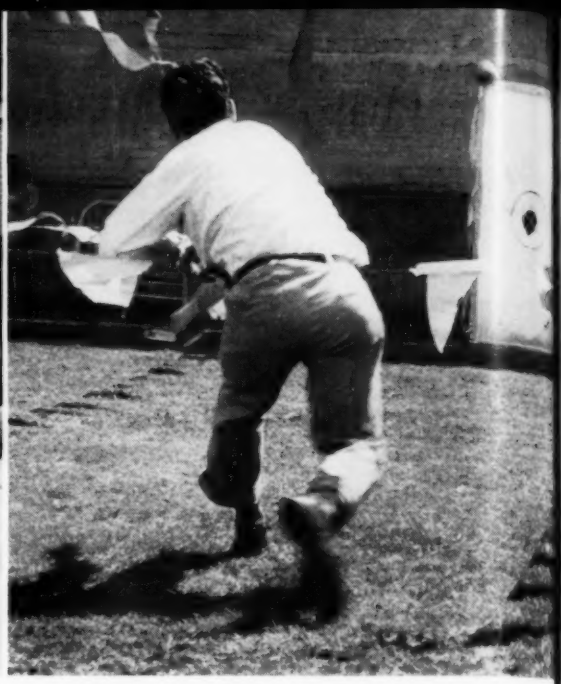
For years, with the exception of the two "privilege wards," the only furniture permitted in rooms were heavy wooden beds which were very difficult to move. Some of these beds are still in use. It was customary to lock up a patient after the evening meal until 6:00 the following morning. His clothing was always removed and laid on the floor in front of his room. Plainly much thought was given to security measures and apparently none to occupational therapy, recreational facilities, industrial shops or any organized type of activity program.

About the year 1911, three so-called dangerous patients escaped and the public was aroused. Shortly thereafter, as an added security measure, a concrete wall 24 feet high was erected surrounding the entire building. It is 56 feet from the Maximum Security Building at its closest point. While it afforded an added security measure, it also provided an ideal protected space for outside activities. Until recently however it was never used, and the only space for outside exercise utilized by the patients was the ill-ventilated quadrangle formed by the union of the two L-shaped buildings. In this area the convalescent, the noisy, the restless and the confused were herded together. The concept of security had come to obscure all other aspects of professional responsibility.

After World War II a new policy was adopted. Restrictive measures were decreased gradually as new activity and treatment methods were instituted. Our program now emphasizes the "total approach" to the patient in reconditioning him for useful and productive living, and in developing those aspects which promote his integration into the community. As of July 20, 1955, out of 188 patients there are only 27 in the two most disturbed wards locked in their rooms from bedtime to breakfast.

Types of Patients Admitted

This building receives only male patients, who fall into six different categories. There are three groups of District of Columbia prisoners: a) admitted from the Municipal Court after a jury has declared them of unsound mind; b) prisoners, who while serving sentences became insane and



have been declared of unsound mind; and (c) admitted under Public Law 615 or the so-called "Sexual Psychopaths" who are not considered to be insane. There are two groups of United States prisoners: (a) from the District Courts of the United States to remain until such time as they may be determined mentally competent to stand trial; and (b) from the District Courts of the United States for a specified period of observation, usually 30 or 60 days, to determine their mental competency for trial purposes. The persistently assaultive, frequently eloping, and other intransigent patients, and non-prisoner patients of the hospital for whom maximum security is indicated, are also admitted to this unit.

Types of Crimes Committed

At the present time 44 of our patients have been charged with or convicted of first or second-degree murder, two of whom had been sentenced to the electric chair. Others have been charged with or found guilty of rape or assault with intent to rape, carnal knowledge, armed robbery, assault with a dangerous weapon, assault with intent to kill, forgery and false pretenses, housebreaking and larceny, and threats. There are arsonists, exhibitionists, patients charged with incest and indecent acts on minors, drug addicts who have violated the federal narcotic laws, and some who have committed lesser crimes. Two have made threats to harm the President. Most of the patients classified as intransigents are in maximum security because of threats against hospital personnel, and some are considered "escape artists." It is not unusual to discover patients with F.B.I. records two pages or more long who formerly served sentences in various penitentiaries, and occasionally we admit a patient who has spent many years in Alcatraz.

All of our "prisoner-type" patients are not retained in Howard Hall, but are moved to the general psychiatric wards of the hospital as their mental condition improves. At present 72 of our patients charged with crime reside on wards outside of Howard Hall. At least half have varying degrees of privilege, while 20 have full ground privileges.

Diagnostic Categories

The majority of our patients are psychotic; seventy percent—(132) are classified as schizophrenic reactions, paranoid type predominating (59). Twenty-one patients are grouped under personality disturbances. There are only four in the psychoneurotic reaction group, 2 diagnosed involutional psychotic reactions, 3 manic depressive reactions, and 1 paranoid state reaction; 6 patients are mental defectives, and the rest represent various types of chronic brain syndromes with psychotic reactions. The relatively low number of psychoneurotic reactions reflects the fact that the few such patients admitted are more readily able to be transferred from the Maximum Security Service to other parts of the hospital.

Assignment of Staff Physicians

The usual staff assignment calls for a physician in charge and an assistant. Another staff physician works half-time, as do a third, a second and a first-year resident in psychiatry. Assigned from the Psychotherapy Department are one physician on half time and one on a part-time basis. Recently, for the first time, female physicians have been assigned to Howard Hall.

Assignment and Duties of Other Personnel

The twenty-four hour working day is divided into three eight-hour shifts: 6:30 a.m. to 2:30 p.m., 2:30 p.m. to 10:30 p.m., and 10:30 p.m. to 6:30 a.m. Eighteen ward employees are assigned to the day shift, 13 to the evening shift, but the night shift has only 11 employees for the eight wards. Sometimes, because of illness, or accidents, the wards have fallen short of their assigned quota. This same group of employees must supervise two dining rooms at meal times, escort patients to and from clinics, or to court for habeas corpus proceedings, supervise

visitors, and assist with the many activities.

The Therapeutic Program

As a result of the great attention given to security measures, there was, until nine years ago, little meaningful communication between patients and physicians. The atmosphere, in general, was rigid and restrictive. Today, a much more tolerant and persuasive attitude has been introduced and we have come to learn that a great many of the security measures deemed so essential now appear to have been largely conditioned by the preoccupations of the physicians on the staff rather than by actual experiences with the patients. We have also come to learn that a hospital environment which has a permissive attitude can set certain limitations and still be very acceptable to and therapeutic for the patients.

I will attempt only to pinpoint the highlights of the program's intensive therapeutic endeavors. These endeavors, it must be emphasized, were carefully planned and slowly and gradually instituted over a period of nine years. New features are continually being added at the suggestion of both patients and staff if, in the opinion of the hospital administrators, they are considered worthwhile, constructive and therapeutic.

Improvements in Physical Setting

First the long, institutional-type dining room tables, seating as many as sixteen patients each, were replaced by small square or round tables seating only four persons. Curtains were placed in the dining rooms and in some of the day rooms. Old, metal-type compartment dinner plates were replaced by multicolored plastic ware. These changes had an immediate effect on the patients. The homelike atmosphere proved to be a step in the right direction.

Wherever possible, the old, heavy wooden-type beds were replaced by regular modern hospital beds. Dormitories and wards were redecorated and the patients themselves assisted in the work. Many were given bedside tables and chairs, and permitted to paint and select colors for their rooms and for the wards and dormitories. Patients assigned to Occupational Therapy were permitted to make table lamps, scarfs and end tables, floor rugs and other articles which they could use in their own rooms. T.V. sets were placed in some wards. Patients who could afford it were permitted to have their own radio or T.V. set in their rooms, as a privilege and a reward for cooperative behavior. The many physical improvements were a tremendous boost to morale.

Therapy

The psychotherapeutic and organically oriented modalities employed are not unusual and are of the generally accepted variety. The fullest use is made of group therapy, intensive individual therapy, and the tranquilizing drugs. At least 25 per cent of the patients are in group or individual psychotherapy. Electric convulsive therapy, sub-shock insulin and prefrontal lobotomy, heretofore conservatively used, have not been found necessary during the past year. A total activity program is playing an important role in the therapy of these patients.

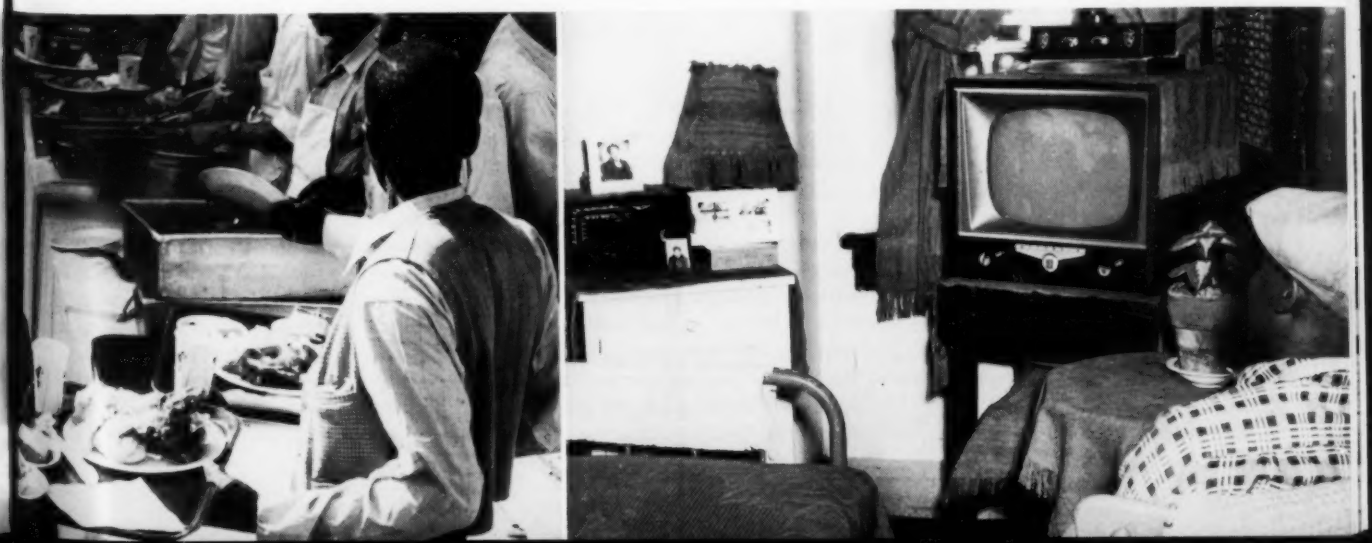
Total Activity Program

Conducted Tours for the New Patients

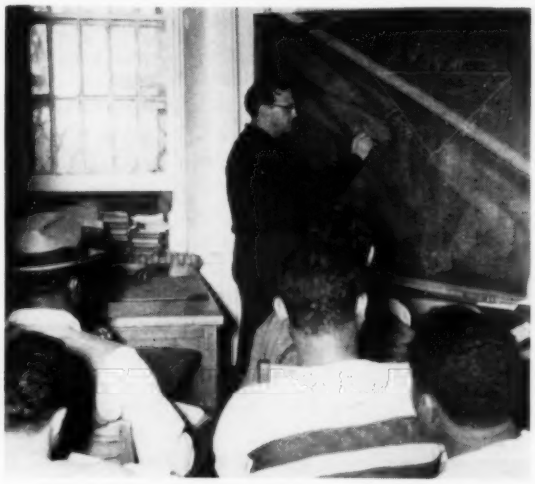
As the result of a patient's suggestion, on the day of admission, whenever possible, an attendant escorts the newly admitted patient and a patient-member of our self-government group through the entire building. This tends to remove apprehension that the newcomer may have of his surroundings when first admitted. The attendant goes along only to open the doors to wards and has little to say. The new arrival is introduced by his fellow patient to personnel on each ward, and to other patients. He is instructed by his escort as to hospital rules and regulations, how he may move to a privileged ward and gain other advantages. He is encouraged to attend group meetings, and to participate in as many activities as possible, and to discuss his problems freely with the physicians. At the end of the tour, the new arrival is given a letter addressed " TO THE NEWCOMER IN HOWARD HALL." Written by a former patient, it alerts the newcomer to his surroundings and gives a good lesson in orientation.

The Administrative Group

An "Administrative Group" in a hospital setting is of tremendous



value.* Wherever a group of patients are permitted to ventilate their administrative problems freely, the administrative group sessions can develop into an exceedingly good therapeutic experience. Some "gripes" can prove to be very trying to the administrative physician, but if met frankly can be usually resolved. It has been our experience that many problems formerly not accepted individually are quickly solved and reasoned out with the group of patients and accepted. Eventually, one finds patients discovering ways of helping themselves. They will make worthwhile and constructive suggestions. Soon we find them forming food and welfare committees, and volunteer work groups. With this process, one notes the development of an in-group feeling of great therapeutic value. The administrative group has led to a limited form of self-government. The patients have their own by-laws. Meetings are held twice each month. They have helped to develop self-discipline and self-reliance, which is a major step in the beginning of resocialization.



Occupational Therapy

Occupational Therapy in Howard Hall dates back to the fall of 1949. The present shop was improvised from an unused dormitory. Precedents were broken when a female occupational therapist was assigned to this Service. Patients have free use of many sharp instruments, but these items are carefully checked and accounted for before the patients leave the shop.**

Industrial Therapy

The broom shop and a limited amount of re-caning of chairs comprise this Service's only industry. This work is done in several improvised basement rooms. All the hospital brooms are made here, and as many as 6,000 are turned out each year. Ten to fifteen chronic but cooperative patients are assigned to these industries. A number of patients may, however, be said to be participating in some form of industrial therapy. For the past three years, the hospital maintenance force has been spared a considerable amount of work by the patients performing repairs. Bookcases in the Library were made from old lumber, and installed and painted by patients. Painting, minor plastering jobs, varnishing of floors and general redecorating have been accomplished by patient help. These services provide some feeling of contributing something useful and meaningful to our little community; the work of course is on a voluntary basis. Our all-purpose room is a former dormitory converted into use for church services, movies, large group meetings, special entertainments, card parties, etc. The stage area, curtains, and backdrops were all made by the patients.

As in any hospital setting, there are

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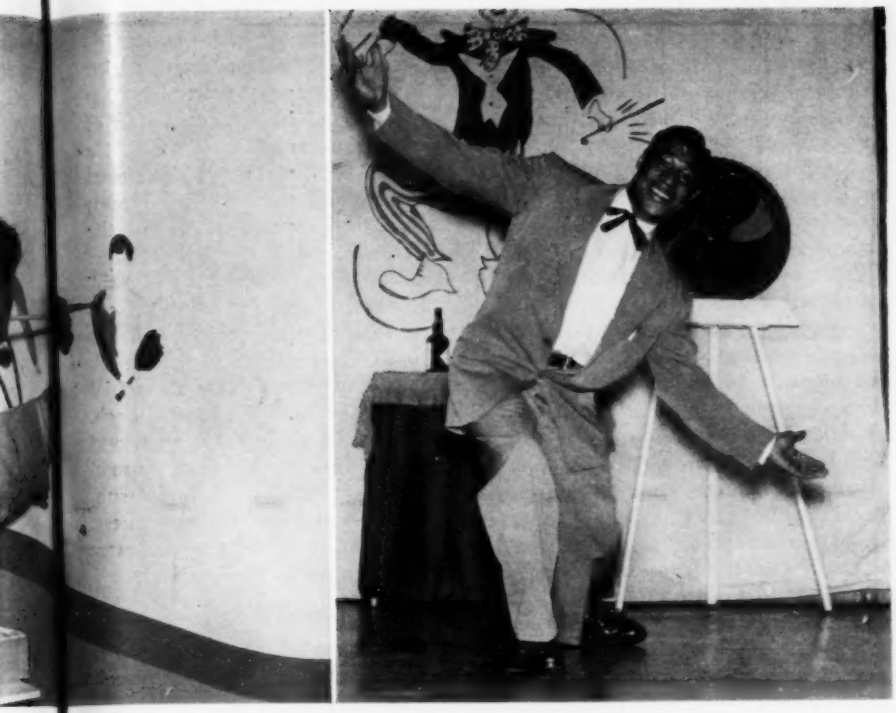
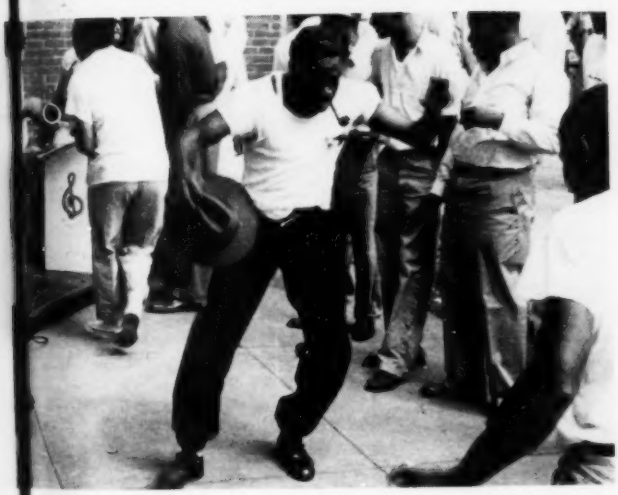
* *"The Function of the Administrative Group in a Mental Hospital Group Therapy Program" by Dr. Bernard A. Cruvant, former Chief of Maximum Security at St. Elizabeths Hospital. Am. Jour. Psych. Vol. 110, No. 5, Nov. 1953.*

** *"Occupational Therapy with Maximum Security Patients; An Adjunct to Group Psychotherapy" by Arvilla D. Merrill, O.T.R., Chf. of O.T. Branch, St. Elizabeths Hospital. Psych. Quart. Supp. Vol. 23, Part 2, 1949.*





always some patients who are unable to work in groups. Select jobs such as painting, whitewashing basement walls or refurbishing old discarded furniture have been found for these few people. Recently, at the suggestion of a member of the recreation committee, the patients improvised a small gymnasium in a basement room. They whitewashed the walls, painted overhead pipes and even made some weights from old discarded valve wheels and iron pipes, and by pouring concrete into empty gallon tin cans and connecting them with a small iron bar.

Library

There is a well-stocked patients' library; this again, was improvised in a room 17 by 17 feet, adjoining the occupational therapy shop. Patients are permitted to come and select their own books. A list of new acquisitions with a short description of each is posted on a bulletin board for easy selection. All books have been indexed by a patient-librarian, and the hospital Central Library makes an exchange of books at frequent intervals. The wards are also supplied with a number of pictorial magazines and news weeklies.

Canteen Service

For obvious reasons, no money is permitted to the patients in the Maximum Security Service. The hospital does supply canteen service, however. Once each week, representatives from the Hospital Canteen, managed by the Society for the Blind, visit the building and set up their stock which includes cakes, cookies, gum, candy, cigarettes and tobacco, shaving soaps, toothpaste, current periodicals and the like. Each patient makes his selection and signs an obligation on his funds. The hospital then pays the Canteen from the patients' funds on deposit.

Patient-Sponsored Activities

In a hospital setting in which healthful feelings of increased self-esteem have been engendered, it is not unusual to have activity programs originated and carried out by the patients. These may become of great value in the total therapeutic program.

Talent Shows

Since 1949, the patients have put on a total of four major productions. Perhaps the best of the four was the one presented this past May, "PARANOIA IS WHERE YOU FIND IT." It traces the growth of St. Elizabeths Hospital from the time of Dorothea Lynde Dix to the present. In addition to being historically accurate, it contains lampoon, pathos and satire. There are 41 in the cast, more than 20 percent of the patient population, many of whom are seriously ill mentally. Like all previous shows, it was written and produced solely by the patients. The patients made their own props, backdrops and costumes. A total of six performances were given; the first two for the patients in maximum security, a third for the employees assigned to maximum security and their families, a fourth for 80 female patients from outside wards, a

fifth for 80 male patients from outside wards, and a final performance for members of the staff, staff families and their guests.

Orchestra

The patients have organized their own band. Three members of the present orchestra, with no prior musical experience, were taught to play instruments in Howard Hall. The orchestra plays at special entertainments, Smokers, Field Day meetings, and other special functions. It is now planning concerts for other occasions in the outside yard area.

Gardens

There are thirty individual garden plots inside the wall, where patients raise a variety of vegetables which serve to supplement their meals. Several patients take pride in raising melons and cantaloupes. Some raise flowers, and one or two have even raised small amounts of tobacco. There are usually more requests than can be accommodated. Most patients share their garden produce.

Organized Activities for Disturbed Patients

Recently, a patient on the recreational committee asked the physician's permission to organize a program for the more disturbed patients who are not able to get out for exercise with others. As a result, three convalescent patients now assist two employees in a well-planned recreational program from 9:00 a.m. to 11:00 a.m. each day. The patient who made the suggestion originated many of the games and helped make some of them in the occupational therapy shop. This is only one instance where convalescent patients have asked permission to assist their more ill fellow patients.

Gymnasium

Only those patients from "Privilege Wards" are permitted to attend the gymnasium since the small room limits attendance to six to eight patients at any one time. These patients are given only nominal supervision and are left very much on their honor—thus far without incident.

Field Days

Twice each year, usually during the months of May and September, the hospital arranges a competitive sports program in this section of the hospital, with patients from outside wards as competing contestants. Guests from volunteer work groups and staff members are extended written invitations by the patients. A typical day will include the 100-yard dash, relay races, broad jump; baseball throw; sack and suitcase races, wheelbarrow race, pie or doughnut eating contests and a tug-of-war. The patient-group winners of the tug-of-war usually compete with an employee group. As many as 25 female guests have been present, observing such festivities, walking freely, without escort, about the area, unconcerned. The patients have always shown our guests the utmost respect. A picnic lunch of fried chicken is served. The day is brought to an end with a softball match between the Maximum Security team and an outside team. The band plays during the lunch period and at intermissions, and spontaneous jam sessions originate. The day is worth seeing, and one long to be remembered, especially when one considers the many restrictions conventionally placed upon maximum security patients.

Smokers

"Smokers" were instituted about three years ago and are held once each month from 7:30 p.m. to 9:30 p.m. They are reserved for those patients assigned to some constructive occupational assignment in occupational therapy, dining rooms and broom shop, as well as painters and members of committees. They serve as an incentive for many. From an original group of 40 patients, attendance at our last Smoker had reached 85. The patients invite a speaker from the staff or from outside the hospital. An unusual undertaking inaugurated this past year was to present at each Smoker a gift and a certificate to the patient selected as the "Man of the Month" for Howard Hall. He is elected by popular vote during the administrative group meeting just prior to the scheduled Smoker. The only requirement is that the patient to be honored must be someone who has performed some spectacular or constructive accomplishment, either in the way of improvements or suggestions which benefit the group as a whole. One patient selected had painted one of the dining rooms all by himself. He was one who, because of emotional problems, could not work in a group; yet when the proper time arrived the group recognized him.

A selection as "Man of the Month" for each ward is also made. One can see the look of pride on the patient's face as he is called up to receive his certificate and a gift from the Chief of the Occupational Therapy Branch. Patients frame their certificates and hang them up in their rooms, or send them to their families. A buffet supper is served the patients and guests at each Smoker while the orchestra provides a musical background.

Softball Team

This was one of the earliest sports activities put into effect, although some members of the staff originally hesitated to put baseball bats in the hands of some of these patients. As of today, I cannot recall an incident in which a patient or employee has been struck with a bat. The patients are immensely proud of their team, the Merrill AC. This hospital has a softball league comprising six teams from other services and the Merrill AC has won the trophy for two consecutive years and are leading the league again this year. The team never lacks players, as substitutes are always available. All games take place in the Maximum Security play area.

Special Entertainments

The patients have seen a USO variety show which included in the group a noted female movie star and two well-known recording artists. A church group of 25 young people of both sexes also put on a special entertainment following which they served refreshments. The "Holy Cross Choir," a group of seminarians, gave an excellent rendition of the Gregorian chant and polyphonic music as well as some popular numbers. Several of the physicians on the staff have shown slides and movies of their foreign travels. This past June a group of teen-agers ranging in age from 7 to 16 from one of the famous

dancing schools in Southeast Washington put on nine acts including several hula numbers, which were heartily received.

Volunteer Workers

This section of the hospital is most fortunate in having been "adopted" by the United Church Women, a church organization in the Washington area. This past Christmas, $600 was spent by this group so that each patient in Maximum Security might receive an attractively wrapped gift package. On most holidays they forward cake, cookies, candy, smokes, and table decorations for the dining rooms. This summer they purchased some uniform equipment for the patients' softball team. The patients have been tremendously impressed by their generosity and unselfish attitude. Representatives of the United Church Women are often guests of the patients, particularly during Field Day activities and other special functions.

There are a variety of other activities in continual operation. There are many ward games. There are horseshoe pitching, ping pong, volley ball and badminton tournaments. There are monthly bingo and birthday parties at which refreshments are served. There are regularly scheduled religious services of all faiths. This year, at their own request, Catholic patients participated in a novena (a prayer service on nine consecutive days). The Protestant Chaplain is now arranging for classes in Bible reading. An Alcoholics Anonymous meeting once a week is well attended. Some patients are taking correspondence courses, and several have already received diplomas in music and radio repair. One patient has almost finished building a TV set. Several patients who have written articles for the Howard Hall Journal have had them reproduced elsewhere and one actually had an article accepted and published in the Mercury Magazine. On such occasion as Easter Sunday, Thanksgiving Day, and Christmas and New Year's Day the patients have decorated the dining rooms to meet the occasion—even with flowers in improvised vases on the tables—and have invited guests from among the staff. Chaplains have been requested to say grace before each meal. A patient, formerly a barber, has tutored a half-dozen patients at barbering so that many patients have come to learn to cut each other's hair. There have been educational classes with college-trained patients being used as teachers. Picnics and watermelon parties have been permitted. The Howard Hall wards were among the first in this hospital to be racially integrated, and this process was accomplished without incident, the matter having been discussed previously at administrative group meetings.

Conclusion

The overall program thus consists of a multidimensional approach to the patient. Milieu therapy is not considered as a separate entity from group and individual psychotherapy but as a necessary and inseparable part of our total program which is aimed at the rehabilitation of the patient to the community upon his discharge from the hospital. It is noteworthy that patients with a history of antisocial behavior, much of it of an assaultive nature, may be so treated without incident with a relatively small medical and ancillary staff.

Information Booklet Answers New Patients' Questions

By J. WEATHERLY, M.D., Staff Psychiatrist
Veterans Administration Hospital, Gulfport, Miss.

ANY PATIENT entering any hospital for the first time may be startled to discover that he must make definite, even radical readjustments whether he is on a large ward or in a private room.

The psychiatric patient presents a particular adjustment problem since he is hospitalized because his ability to communicate and integrate his needs and problems with his environment has been grossly disrupted. The value of asylum to such an emotionally disturbed person is extremely important. That he can be removed from his arena of conflicts and establish a beachhead of objective evaluation of his problems may enable him to "see the forest, not just the trees" of his unique difficulties. This objective evaluation or, indeed, any improvement, can only be made by the patient who adjusts to hospitalization. As in any situation, understanding depends upon clear communication.

Since the patient comes in contact with many different people, oral communication can result in ambiguous and occasionally conflicting information. Therefore, since written communication can be clearer and more concise, our hospital designed a booklet for individual patients to explain the routine workings of psychiatric hospitalization as well as the special aspects, restrictions, and benefits.*

Although this particular booklet was designed for one particular VA hospital, slight modifications could make it applicable to any average psychiatric admission in any average psychiatric hospital.

The term, "average psychiatric admission" may sound vague, yet the majority of psychiatric admissions fall roughly into one of four categories: the apprehensive patient, the paranoid patient, the withdrawn patient, and the disturbed patient.

The apprehensive patient will have difficulty in adjusting, as he would to any new situation, to the unfamiliar situation of an admission ward. If he receives prompt information about his new environment that he finds to be accurate, some of his fears should be relieved.

The paranoid patient will probably be suspicious of any new experience and especially of his hospitalization (which may not be his idea at all.) He will be inclined to misinterpret, and if he receives vague orientation or conflicting reports, his fantasy may run rampant. Furnishing him with precise written information may offer him a somewhat smoother adjustment.

The withdrawn patient usually poses a ward problem by his excessive passivity and disinclination to enter activities, offer pertinent data, or obtain information by personal inquiry. However, as most withdrawn patients seek to further their seclusiveness by assiduous reading, this defensive maneuver can be utilized by providing them with written information from which they can benefit.

The disturbed patient who has lost most of his contact with his environment will require some sort of immediate treatment on a ward affording him close supervision before complete orientation to hospitalization can commence. In such cases, information and the booklet can be given to him at the discretion of his ward doctor.

Personal Touch Effective

The booklet is given to the new patient as soon as he comes to his ward. It has his name on the front and immediately gives him an indication of the personal interest that his hospital has in him. It is further uniquely his as it contains the names of his ward doctor and his case doctor. It also points out to him that treatment is not necessarily a matter of so many pills and tonics, but that it is something that starts as soon as he arrives on his ward and is in continuous operation until the day he leaves. Many patients equate treatment with dramatic procedures and fail to understand that the routine of their ward is as necessary for their emotional illnesses as a cast is for a broken leg. When they understand and accept their daily activities, they improve more rapidly.

The booklet explains the day-by-day routine of his ward; e.g., personal hygiene, mail, visitors, finance, canteen books, physical therapy, occupational therapy, corrective therapy, educational therapy, as well as special tests, examinations and activities. He can very quickly learn as much about the important workings of his hospital as any of his fellow patients and therefore be more able to cooperate with efforts made to help him. He also finds a suggestion that he show his booklet to his family when they visit him. As is well known, many patients are hospitalized because their families cannot understand their problems and needs. Neither can they adequately accept or understand hospitalization. When they read the patient's booklet, they get a better idea of the benefits of his hospitalization, can see it more from his viewpoint and empathize more with him. The booklet is also comforting proof of the personal interest that the hospital has toward their relative. (Incidentally, relatives will find that many of their routine questions are answered and later interviews with them can be focused more quickly on pertinent data.)

In preparing an information booklet for psychiatric patients, technical problems of presentation arose. Style became somewhat constricted as humor, wit and cheery pep-talks could be easily misconstrued. Therefore, the booklet is simple, factual and straightforward. Few adjectives are used, but personal pronouns are abundant; e.g., "You will be seen soon by your ward doctor and, later, when your own case doctor sees you, you can spend as much time as you need to talk over your problems." In the same vein, it is believed that patients will be more convinced of the good to be derived from "their hospital" rather than from "the hospital."

Traumatic, vague, and ambiguous words such as "mental," "nervousness," and "disease" are avoided. While it is overtly impossible to present any information free of all emo-

Copies of the text of this booklet are available from M.H.S. Please send 6¢ postage with your request.

tional contamination and neutrally acceptable to every psychiatric patient, it is also likely that referring to "problems" rather than, say, "mental illness" is more tolerable to him and may get him started on solving his "problems" instead of cringing away from his "mental illness."

The same literary approach is used by describing (and honestly) various examinations as "check-ups." This is pointedly used in describing psychological tests which many patients associate with scholastic examinations and therefore believe that they can be flunked. The patient is reassured that there are no right or wrong answers and that the information is only used to help him.

Special Tests Clarified

The routine procedures of X-rays and laboratory work-ups have already been experienced by these particular patients (veterans) and little time is spent in describing them. Special examinations (EEG, EKG) are briefly outlined and it is stressed that they cannot "influence" the patient. In this age, common delusions center around electrical equipment; an electroencephalograph, first seen, is awesome to anyone, emotional problems notwithstanding. While a patient's delusions may adhere to practically any object, bland or otherwise, the physician who has tried to persuade a paranoid patient to get a "brain wave test" will appreciate one patient's stubborn insistence that it was "deus ex machina."

All ancillary services are mentioned in the booklet, but are not described in detail as they usually are tailored to the particular case. For example, there is only a brief reference to Social Service, since it is believed that the new patient should be concentrating on his adjustment in his new setting rather than immediately focusing his attention back to the problems he could not adequately handle outside the hospital. (Of course, if a Social Service interview is indicated, his ward doctor will arrange it for him.)

The patient's treatment is mentioned only to the extent that it will be decided on after he is carefully examined and is seen by his staff. If he has questions about it, he is referred to his doctor, since generalized information about electric shock, insulin coma, group or personal psychotherapy would only be confusing.

The booklet repeatedly urges the patient to ask any questions that he is concerned about but to ask the people who know the right answers—his nursing assistants, his nurses, and his doctors. He is therefore less dependent on the confused, erroneous or even malicious information he might obtain from other patients. He will also be aided because he will ask the staff fewer questions of a repetitious nature. Staff members may tire of repeated inquiry and show little enthusiasm in answering—although the questions are intensely important to the new patient. If the patient senses this all too common attitude, he may become angry, discouraged or worse—apathetic. Yet if he is referred to his booklet for routine questions, he will be satisfied and the staff member can deal more with the personal elements of the patient's problems.

THE PATIENT DAY BY DAY

Tape Recorder Stimulates Group Discussions

The Educational Therapy Section of the VA Hospital, Lexington, Ky., features a weekly discussion and quiz program for patients. Here patients lay aside the routine of study and gather for an hour-long period of informal discussion of current events. A tape recording is made of the session which, with the approval of the group, is turned over to Special Services to be broadcast over the hospital radio. This is intended not only to be entertaining and educational for the other patients, but also to interest them in entering the Educational Therapy program.

The discussion is conducted by a Red Cross volunteer, under the direction of Educational Therapy personnel. About twenty patients, seated in a circle around the tape recorder, take part in each session. The volunteer gets the sessions underway with previously prepared questions, and answers and comments are supplied by the participants. After thirty minutes, the discussion is ended and the record is played back as a means of motivating participation in future sessions. Occasionally prizes are given to the patient who provides the greatest number of correct answers.

All Patients Given Birthday Greetings

The Recreation Department at Dayton (Ohio) State Hospital maintains a complete "Birthday File," listing the birth date of every patient. Each patient's birthday is celebrated by presenting him with a suitable greeting card from the Superintendent and staff, and a small personal gift. The hospital says the plan has brought excellent response, even from disturbed patients.

Patients' and Civic Clubs Hold Joint Meetings

A women's service club which gives volunteer service to the Provincial Mental Hospital, Ponoka, Alberta, has arranged a joint program with the Patients' Ward Association. The Ward Association is a self-governing group on the convalescent ward. Its members attend regular meetings of the women's club, some of which are held at the hospital with the Ward Association playing host. In turn, the club members are invited to Ward Association meetings.

A committee of the women's club meets with the General Committee of the Ward Association to plan mutual activities such as teas, sale of home cooking, and joint social affairs. The Club provides much of the material for cooking, while the Ward Association does the work and gets the sale proceeds. The money is used to provide extras on the ward and to finance further activities.

There is a minimum of supervision by the hospital staff. The president of the Ward Association and the club's liaison officer report their plans to the staff, who then provide any facilities or materials needed. The planning and the work, however, are done entirely by the patients and club members.

A Hand of Cards: The Hand of Friendship

"A man's room is his castle" is the policy on Modesto (Calif.) State Hospital's privilege area. And a man's castle, as Dagwood Bumstead and Maggie's Jiggs would enviously agree, is a place he can invite his friends for a congenial card game. Here the gentleman with the pipe, a privilege area patient who has been hospitalized for 27 years, has invited psychiatric technician Jack Cerveny to while away some spare moments in a game of gin rummy. As noted in the This Month's Cover story on page 3, personnel on the privilege wards enter a patient's room by invitation only.

Orientation Given Newly Admitted Patients

The Educational Therapist at the neuropsychiatric hospital of the VA Center, Los Angeles, has developed an orientation program for patients on the Admission and Treatment Center. Every newly admitted patient attends the daily, informal group discussions which are designed to help him make a better adjustment to the hospital. Through these sessions he gets accurate, first-hand information about the hospital's facilities and procedures. More important, he is given a constructive viewpoint of the hospital staff's desire to help him, and the opportunity to question and discuss his position.

The fact that during one month only two per cent of the patients who received orientation left the hospital against medical advice, compared to twelve per cent of those who did not receive it, may be some indication of the program's success.

Many patients have expressed their gratitude for the help they received in

getting over the resentment and confusion they felt upon entering the hospital. The therapists find oriented patients much more amenable to treatment than those who were not so prepared.

Staff Wears Plain Clothes for Patient Outings

Personnel who accompany the off-grounds outings for patients, sponsored by the Recreation Department at Dayton (Ohio) State Hospital, wear ordinary clothing rather than uniforms for the occasion. The outings include trips to the circus, county fairs and horse shows, as well as to football games and other amusements. On all these excursions modern commercial buses are used. The patients are furnished box lunches and funds are provided for "hot dogs, cokes and smokes."

Volunteers Equip Kitchen for Post-Lobotomy Activity

Through the efforts of a volunteer, the VA Hospital at Tuscaloosa, Ala., has a kitchen equipped especially to provide a rehabilitation activity for female leukotomy patients. The Sunshine Home Kitchen, as it is called, is operated under the hospital's Physical Medicine and Rehabilitation program.

A representative of an American Legion Auxiliary conceived the idea of the kitchen. She sketched a diagram of the equipment needed and contacted the various Legion Auxiliary groups throughout the state. The units contributed generously, and within two months, at an initial cost of $1500, the kitchen was ready for use.

The kitchen is located between the women's ward and the women's occupational therapy clinic. When there are too few women patients on the lobotomy rehabilitation service to utilize the kitchen fully, the physician in charge of the Female Service selects additional patients for whom the same type of occupational therapy is indicated. The women prepare, serve and eat their own cooking.

One day a week the women prepare a meal for the male lobotomy patients. The dinner is on a more or less formal basis, with the women taking turns as hostess, cook and guests.

Recently a Sunshine Home Garden was planted close to the building, as an activity for all women patients. The leukotomy patients especially are encouraged to work in the garden and raise vegetables for use in the Sunshine Home Kitchen.

Art and Flower Show Displays Patient Craft

A combination flower show and art exhibit drew 150 visitors at Willmar (Minn.) State Hospital recently. The flower arrangements and art works, which complemented each other nicely, were entirely the work of hospital patients. The flowers were raised from seeds donated by volunteers; patients had planted and tended the gardens, then picked and arranged the flowers displayed. The show, which was held under volunteer auspices, was open to the public in the evening.

DEPARTMENTS

Safety Program Uses Imaginative Methods

Contests and colorful posters are being used in the safety program at Winfield (Kans.) State Training School to enliven employee interest. A safety committee was organized at the school after figures were compiled to show the cost, in medical bills and man-hours lost, of accidents to patients and personnel.

The committee began its program with meetings for all employees which featured a talk by a safety expert and an educational film. Eighteen black and white striped bulletin boards were placed throughout the institution to carry a series of eye-catching posters obtained from the National Safety Council.

Three suggestion boxes were installed, and each month the committee awards $5.00 for the best safety suggestion and $5.00 for the best safety slogan submitted by employees.

Another contest is one nobody wants to win. The trophy, an eight-ball, is "won" by any department which has an accident. It must be kept on display there until another department has an accident and inherits it.

All incidents involving accidents are referred to the safety committee for study, action or recommendations.

Advisory Council Formed for Volunteer Program

The Minnesota Department of Public Welfare has set up a Volunteer Advisory Council to work with the Department's Coordinator of Volunteer Services, Mrs. Miriam Karlins. The 14-member Council is composed of two groups; one represents the professional disciplines used in the state hospitals and the other consists of five executives of volunteer agencies. Only one member of the Council, a state hospital superintendent, is employed in the state program.

The Advisory Council meets once a month to discuss orientation, training, screening and recognition, and plans to develop leadership training and a handbook for volunteers. Subcommittees have been appointed for special studies, and volunteers and staff people from the Department's central office and institutions are called upon as resource people.

Sermons Tape-Recorded

Through the generosity of a women's organization from a nearby Bell Telephone Laboratory, the chaplain at Greystone Park (N.J.) State Hospital was presented with equipment to record sermons, choir recitals and similar events. The recordings are played for patients who are unable to attend chapel services.

Full-Report System Urges Employees' Self-Sufficiency

As a means of cutting down on needless question-answering by supervisors, Patton (Calif.) State Hospital has adopted a system of "completed staff work." This system requires any employee who is assigned a problem for study to present the solution in finished form. He may consult other employees or supervisors, but the report he submits to his own supervisor must be so completely and clearly presented that the supervisor can approve or reject it without question.

In an administrative memo the hospital issued on "completed staff work", employees were cautioned: "The impulse often comes to ask the supervisor or chief what to do. It appears so easy for him to answer. Resist that impulse. It is your job to advise your own supervisor what to do, not to ask him what you ought to do with a problem given you to solve. Your job is to investigate, check, study, write, restudy, rewrite, until you have evolved the best single proposed action or answer . . . The final test is this: if you were your supervisor, would you stake your job on what you have said as being right?"

The memo notes that a rough draft may be submitted, providing it is well thought out and not used as an excuse for shifting the burden of decision to the supervisor.

Central Residency Training Started in New Jersey

A combined training program known as the New Jersey Centralized Training Program in Neurology and Psychiatry is now being offered by the N. J. Department of Institutions and Agencies. The program is open to resident physicians at the State Hospitals in Trenton, Marlboro, Greystone Park, the New Jersey Neuro-Psychiatric Institute and the Veterans Administration Hospital at Lyons. The program takes place on alternate Friday afternoons at the Neuro-Psychiatric Institute, at Princeton, and will run during the academic year.

The combined program was inaugurated to avoid duplication of lectures at each institution, to make the financing of the lectures easier, and to promote cooperation among the staffs of the various hospitals. The Planning Committee also hopes to establish in this state three years of credit towards certification by the American Board of Psychiatry and Neurology. At present two-year credit is available to physicians in training.

Courses are offered in all the major fields necessary for the special training of neurologists and psychiatrists. Lectures are given in Neuro-Anatomy, Clinical Neurology, Psychopathology, Clinical Psychiatry, Anthropology, Sociology, and related fields.

The project was coordinated by Dr. Nolan D. C. Lewis, Director of Research for the State Department of Institutions and Agencies. Dr. Lewis headed a planning committee of psychiatrists and neurologists from various parts of the state, which surveyed facilities for psychiatric training in the state hospitals and worked out a program to fit the needs of these institutions.

Plastic-Coated Ticking Found Satisfactory

Pillows covered in plastic-impregnated ticking have been found completely satisfactory, reports Enid (Okla.) State School after using them for over a year. The ticking is resistant to hair oil and is easily cleaned and sterilized. Superintendent Anna T. Scruggs says the pillows have proved to be practically indestructible.

The pillows were made at the school, with only the ticking bought. Breast feathers were collected by the poultry plant, washed and fluffed by the school laundry, and stuffed into cases made by the sewing department.

People & Places

Dr. Juul C. Nielsen is now Superintendent of Central State Hospital in Petersburg, Va. . . . Dr. James W. Murdoch, Superintendent of Butner (N. C.) State Hospital is Acting General Superintendent of the N. C. Hospitals Board of Control, replacing Dr. David A. Young, who has entered private practice. . . . Dr. Walter A. Sikes was named to be Superintendent of the State Hospital at Raleigh, N. C. . . . Lloyd N. Yepsen, Ph.D., Superintendent of the State Colony at Lisbon, N. J., died August 1. Dr. Yepsen had served 19 years in the N. J. Dept. of Institutions and Agencies, as chief psychologist and director of the division of classification and education; he was president of the American Association on Mental Deficiency in 1947-48. . . . Dr. William K. Freeman, manager of the VA Hospital at Gulfport, Miss., was named to succeed Dr. Lee G. Sewall as manager of Downey (Ill.) VAH; Dr. Sewall was appointed manager of the Pittsburgh VAH. . . . Dr. Robert A. Clark was named Clinical Director at Friends Hospital, Philadelphia. . . . Miss Grace Bulman, director of Dietetic Service of the VA's Department of Medicine and Surgery was awarded the agency's top honor, the Exceptional Service Award; Miss Bulman is the third woman to receive this citation. . . Mr. Harry L. Upton, R.N., has succeeded Mrs. Dorothy Hall, R.N., as Director of Nursing for the Oklahoma Dept. of Mental Health.

M.H.S. Consultant Attends World Mental Health Meeting

Mr. Robert H. Klein of Chicago, a member of the M.H.S. Board of Consultants, represented the A.P.A. Mental Hospital Service at the World Federation for Mental Health's annual meeting, in August, at Istanbul. Mr. Klein also visited psychiatric hospitals in Israel.

A. F. Hoenack to Head Hospital Planning Office

Mr. August F. Hoenack has been named Chief of the Architecture and Engineering Branch, Division of Hospital and Medical Facilities, U.S. Public Health Service, effective September 11, 1955. This office was formerly known as the Technical Services Branch, under the supervision of the late Marshall Shaffer, who died May 25. Mr. Hoenack had served as Assistant Chief of the Branch under Mr. Shaffer.

The Branch was organized in 1941 to prepare and disseminate hospital planning information which developed a world-wide reputation for the Branch and its personnel. These planning guides and criteria were later utilized by many states seeking Federal funds under the Hill-Burton Act, after this law was passed in 1946. In the administration of this hospital construction program, every effort has been undertaken to encourage local and state participation and responsibility. (See April 1954 MENTAL HOSPITALS).

There are no projected changes of policy or activities for the Architecture and Engineering Branch and planning information will continue to be available to the public upon request.

These patients at Eastern State Hospital, Williamsburg, Va. work in a friendly circle, preparing vegetables; a record player provides music.

Special Industrial Therapy

By HARRIET BRUBAKER, R. N. SUPERVISOR

Torrance State Hospital, Pennsylvania

The challenge was to awaken the interest of regressed, chronically ill women patients at Torrance State Hospital. All hope seemed to be lost; day after day, employees had been unable to get patients to take an interest in their own personal habits or to participate in ward activities. A women's special industrial therapy department was created with two main objectives: to stimulate the assets of these individuals and to encourage sociability.

This department, organized in the early summer of 1952, was under the direction of a nurse supervisor with the assistance of three specially selected attendants from the nursing department. Twenty underactive, incontinent women were chosen for the first project, a garden group.

Every morning, weather permitting, the group was taken to the garden to weed strawberries and onions. At first the attendants did most of the work, but, one by one, the patients joined in and apparently enjoyed this activity. As their ability increased, it was recognized that they could take part in other garden projects: hoeing, onion setting, weeding and picking strawberries; and later, gathering peas, beans, tomatoes, and potatoes.

More and more patients were added to the garden group. Because all of these women could not be taken into the fields, they were occupied in snapping beans and shelling peas on the shady lawn near the buildings. Benches were arranged in a circle with the baskets of vegetables placed on the ground in front of the patients.

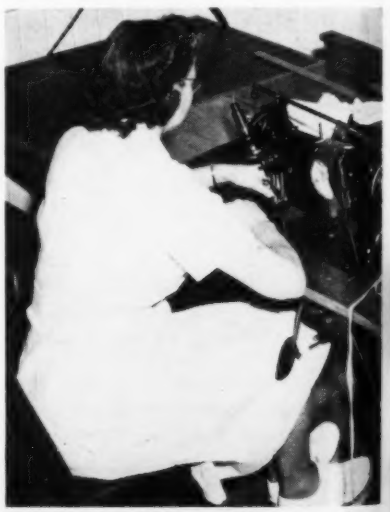
The difficulty of getting the other women back to the dining room for their lunch increased as they were assigned to gardens farther and farther from the hospital buildings. By an arrangement with the dietary personnel, one of the Special I. T. attendants and two patients prepared picnic lunches which were delivered to the women in the fields. These lunches, plus the mid-morning and mid-afternoon nourishment, were a real treat.

Space had to be found in one of the buildings to keep the group occupied on rainy days. The employees began teaching the patients very simple tasks, such as making cotton balls and applicators for Central Supply, rolling cigarettes, and hand-sewing wash cloths from old, useless turkish towels.

To keep the patients active during the winter months, a small unoccupied cottage was remodeled to house a number of groups. A laundromat was established by installing an automatic washer and drier. Here the patients' private clothes are washed and ironed; sweaters are washed and blocked by this group.

Today there are about 400 patients in the Special I. T. department under the supervision of the charge nurse and sixteen attendants. Many of the patients are assigned to other outdoor chores, such as husking corn, mowing lawns, and gathering and bagging fallen leaves. For those who cannot be occupied outside, the department has initiated sewing articles from salvaged materials, mending, embroidering, making holiday decorations, rag dolls, articles for Central Supply and renovating furniture.

All the activities performed by the patients are purposeful and progressive. As their ability increases, they are given tasks that require greater skill and responsibility. The majority who have participated have shown marked improvement. Very few of them are now incontinent. Most of them have learned to dress and feed themselves. Some have left the hospital on convalescent leave and others for week-end visits. Many have been transferred to better wards and are now kept occupied in other areas of the hospital.



At Essondale, B. C. women patients learn power sewing machine operation; other patients benefit from good quality garments which result.

The Philosophy of Hospital Occupation

By F. E. McNAIR, M.D., Clinical Director

Crease Clinic & Provincial Mental Hospital, Essondale, B. C.

Occupational or Industrial Therapy represents the working part of the patient's day, the time for creative, satisfying, learning activity, which takes effort, persistence and patience, and results in feelings of prestige, recognition and accomplishment. If the hospital day revolves around an occupational or industrial assignment, it more nearly approaches community life.

Since in work, as in psychotherapy, patients need a balance between supportive measures and tension-evoking challenges, activity should be graded to meet individual needs. An effort should be made to transfer long-term patients to the industrial shops so that work may more nearly approach the experience of working for a living. The physically fit, long-term patient should be accorded ground and other privileges only if he is employed.

Occupational Therapy begins only upon written medical orders. The physician should give basic information about each patient's education, interests and diagnosis, stating whether O. T. is a part of "total push" therapy, a simple diversion for a long-term patient or temporary, pending assignment to hospital industry. Industrial therapy especially gives the patient a sense of being a part of the hospital community because he is contributing positively to the maintenance of the institution.

Philadelphia State Hospital patients print hospital's weekly newspaper "By Line."

A patient at Provincial Mental Hospital, Essondale, B. C. finds a new hobby—producing copper work in the metal shop.

ssondale's shoe repair shop benefits patients and hospital.

▼ At Metropolitan State Hospital, Calif., patients learn brick-laying.

Procurement—Specifications—Stores

By HORACE W. COOPER, Chief Steward,
Philadelphia State Hospital, Penna.

To PROVIDE a constant flow of expendable supplies as well as to acquire capital equipment essential to serving the needs of the mentally ill, involves certain basic steps. The ultimate objective of the purchasing procedure is delivery to a designated point of a given commodity, in type, quantity and quality satisfactory to the using agency.

So far as governmental agencies are concerned, this objective must be achieved under competitive bidding. Essential to an open competitive system is the promulgation of detailed specifications, acceptable to both purchaser and seller, so that each potential bidder may have full knowledge of his commitment prior to inserting his price for any article on a bid proposal. Under such a bidding procedure, award can be made to the low bidder with the assurance that a satisfactory delivery will be received *only* if the commodity is inspected, graded and certified before or upon delivery, or if acceptance is withheld pending a laboratory report on samples taken from the delivery. Such inspecting and sampling procedure should likewise be spelled out in the standard specifications applicable to the article or commodity.

Following delivery at the stores warehouse the stores manager is responsible for accurate count, weight or measure of each item; systematic storage; issuance from stores only on duly approved requisitions; stock control to avoid excess supply or depletion of items and "dead" stock. The overall procurement procedure must be closely coordinated with the financial picture through the budget control officer at each institution. In Pennsylvania this responsibility is assigned to the Accountant in State mental hospitals.

Close coordination is also required on all matters pertaining to payment of invoices. The storeroom, the chief steward's office and the accounting department are kept fully informed through the triplicate method, each receiving copies of all purchase requests, purchase orders, reports of tests —acceptances or rejections—receiving reports and records of outgoing shipments, as well as copies of correspondence pertinent to deliveries in question.

The hospital superintendent is kept fully informed on matters processed daily through the chief steward's office, since copies of all papers sent to the accounting department are transmitted through him. The superintendent, in turn, reports to the Board of Trustees monthly on major procurement items and purchasing procedure.

Every invoice is initialed by the chief steward prior to requisitioning for payment, thereby certifying clearance of all the foregoing safeguards.

Clarity of Bid Data Vital

Bid proposal requirements and the purchase order therefore assume major importance because they summarize in brief the policy and program of the purchasing department as to type and quantity of items; they constitute a legal basis of proposed contracts with vendors; they serve as the only formal information bidders and inspectors usually receive and furnish the only material for entering into contractual functions which must be approved by the State legal and fiscal officers prior to award, and likewise acceptable to the Auditor General before final payment is made to the vendor. Thus it is essential that sufficient information be clearly stated in all bid proposals to avoid misinterpretation.

The Administrative Code of the Commonwealth of Pennsylvania delegates to the Department of Property and Supplies the power "to formulate and establish standards or specifications, wherever practicable, for articles, materials, supplies, furnishings and equipment." These details are prepared in the State Bureau of Standards, mostly with the cooperative efforts of standardization committees made up of representatives from the using agencies, and their supervisory departments. Before adopting any suggested standard, the Bureau of Standards solicits the cooperation of manufacturers interested in the specification. The manufacturer usually sends technical or engineering personnel to represent him in the promulgation of the initial specification and subsequent revisions, All specifications developed in the Bureau of Standards for use as State standard specifications must be submitted to each using agency for review and approved by a majority. This procedure has been instrumental in the development of several outstanding specification groups, including Laundry Machinery and Equipment; Soaps, Detergents and Laundry Chemicals; Vitrified Chinaware, Plastic, Glass and other Tableware; Textiles; Brushes, Brooms and Mops; Beds, Mattresses and Pillows; Feeds for Live Stock; Canned Foods; Fresh and Frozen Sea Foods; Fresh, Cured and Smoked Meats; Sausage and Prepared Meats; Fresh Fruits and Vegetables. All specifications for food items are tailored to U. S. Government Standards approved by the Agricultural Marketing Service and the supervisory Standardization and Grading Branch.

The Prison Industries Division, operated under the jurisdiction of the Pennsylvania Department of Justice has cooperated in every respect toward the development of high quality standards for numerous items, such as furniture, clothing, shoes and textiles, sold to State institutions.

The Administrative Code also states "that all departments, boards and commissions requiring perishable foodstuffs for use in State institutions may purchase such foodstuffs directly." Since the purchase of perishable foodstuffs represents a major expenditure for the Philadelphia State Hospital, involving approximately $1,000,000.00 each year, it seems appropriate to cite certain requirements embodied in our bid proposals:

Food items, as awarded, call for definite delivery dates and menus are prepared to coincide therewith. De-

liveries must be made on dates specified. Any item rejected must be replaced with an acceptable delivery within 24 hours. Failure to replace the rejected item with acceptable merchandise within 24 hours or failure to deliver on the day or dates specified authorizes the hospital management to purchase the item from other sources, properly graded, and surcharge the defaulting contractor with any excess cost above his contract price which the institution may be compelled to pay.

Grading and acceptance cost is paid by the vendor and included in his net bid price. All meats, seafood, butter, eggs, cheese and poultry shall be examined, graded, packed, strapped, sealed, certified and accepted by an official grader of the United States Department of Agriculture, Agricultural Marketing Service, Standardization and Grading Branch, as meeting the requirements stated in the written specifications; and all deliveries shall be properly identified and bear the official U.S.D.A. Special Acceptance Stamp affixed on each item delivered whenever practical, or on each unit package; further, a U.S.D.A. Official Grading Certificate is required with each delivery.

Fresh fruits and vegetables items are awarded upon the aggregate bid basis. Deliveries are made in the package-unit-quantitites as specified. Payment is made upon the basis of net weights received. Inspection is made at the institution at time of delivery.

All eggs must be inspected and graded and a certificate issued by the Official Grader from the Philadelphia office, U. S. Department of Agriculture; the Federal Grader shall inspect and grade twice the number of samples required for a regular grading.

Rigid Tests for Dairy Products

Our hospital's dairy produces only a small portion of the milk and cream needed for the 8100 patients and employees, and each year we buy over $200,000 worth to supplement the dairy output. Since the milk and cream delivered must be of the highest quality, it is subjected to periodic tests taken at the time of delivery or immediately thereafter. The samples must show the following:

Butterfat Content: Packaged Milk, not less than 3.8%; Skim Milk, not more than 0.1%; Packaged Cream, not less than 23%; Bulk Cream, not less than 23%; Bulk Milk not less than 3.5%.

Bacteria Count shall not exceed 30,000 per milliliter, average standard plate count, on a minimum of 4 series of samples taken on separate days.

The Coliform Count shall not exceed ten (10) per milliliter.

The contractor is held to the foregoing test standards. Should he fail to comply fully, his contract is subject to cancellation by the hospital and/or removal of the firm name from the hospital's list of acceptable bidders.

Just as breathing and eating continually replenish the human body, the prompt replenishment of supplies is necessary to the hospital's operations. The procedures I have outlined are part of the continuous, systematic process of acquiring those supplies.

BOOK REVIEWS

EXPERIENCING THE PATIENT'S DAY: A Manual for Psychiatric Hospital Personnel. By Robert W. Hyde, M.D., Assistant Superintendent, Boston Psychopathic Hospital. (G. P. Putnam's Sons, New York)

This paper-covered 214-page book is a selection of group discussions of the attendants of the Boston Psychopathic Hospital, with Dr. Hyde and other members of the hospital staff. The book is intended to be an orientation for all psychiatric hospital personnel and is especially directed to assist hospital aides in their daily work in caring for mental patients.

Feeling dissatisfied with didactic teaching methods, the author sought a way to instruct aides by utilizing their experience with patients. This resulted in the formation of discussion groups. The size of the groups varied from 3 to 12 aides. Occasionally, at the request of the group, guests (other hospital staff members) were invited to participate in discussions or to give a didactic lecture on a special subject.

Excerpts from 48 discussion periods are presented. Most of them are preceded by a brief introduction setting forth problem areas and are followed by a brief summary indicating how these problems may be handled. Topics include "The patient rises in the morning," "The patient has an X-ray," "The patient's social environment," "The paranoid patient and the attendant," "How the attendant learns to understand his own feelings," "Was the patient lazy?", "Two patients fight." All the discussions concern integral parts of the aide's daily duties and responsibilities.

The verbatim discussions have been carefully edited. They are brief but of sufficient length to permit development of the subject and to allow the reader to proceed with the discussion groups through the steps of understanding the patient's behavior as well as the aide's reactions to the patient and the situation.

The book is read easily. The chapters are short. The introductions and summaries in the chapters contain much didactic material that is written in simple language. The book can be used by aides as a handbook or by instructors for classroom or discussion purposes. The book can be read profitably by anyone who works with psychiatric patients.

Dr. Hyde has given us here a most useful and practical book. Of greater importance is the fact that he has introduced us to a most effective method of teaching personnel who work with mental patients.

LUCY D. OZARIN, M.D.

VOLUNTEERS IN MENTAL HOSPITALS. Part I, Marjorie H. Frank; Part II, O. Arnold Kilpatrick, M.D. 16 pages. 1955. 25 cents. (National Association for Mental Health, New York)

As director of volunteer services of the National Association for Mental Health, Miss Frank is in a position to describe the wide range of activities in which volunteers associated with mental hospitals may have an active part. She also gives good advice on the scope of the director of volunteers, valuable measures for recruitment and orientation and most helpful suggestions on the team work to be accomplished by volunteers under competent professional guidance. She describes how individuals or groups may hasten patient recovery, and interpret hospital needs to the community.

In Part II Dr. Kilpatrick describes the volunteer program in use at Hudson River State Hospital since its inauguration in October, 1953. In the Eastern State Hospital, of Virginia, where this reviewer has been assisted by an active volunteer program since 1948, we have drawn into the work individuals and organizations from most of 42 counties and 13 cities which the institution serves and have been using these contacts in the rehabilitation of patients returning to their homes for trial visits. This extends the interest of volunteers into preventive areas and, with good organization, can develop more far-reaching programs through local guidance clinics and the local organizations assisting in their work.

The A.P.A. Mental Hospital Service is well aware of the importance of volunteer service and sponsored a conference a while back at which tentative plans were formulated for establishing some sort of permanent organization to advise and counsel hospitals in this field. This remains one of the many pieces of unfinished business by reason of other more urgent tasks.

With proper organization and adequate professional guidance, volunteers can do outstanding creative work with patients on all economic and intellectual levels. This pamphlet will be greatly used, I am sure, in extending volunteer services into new areas.

GRANVILLE L. JONES, M.D.
Consultant, Mental Hospital Service

Joint Commission to Study U. S. Mental Health Problems

A Joint Commission on Mental Illness and Health has been organized to carry out the provisions of the Mental Health Study Act of 1955, which calls for a nationwide analysis and re-evaluation of the human and economic problems of mental illness. The Act authorizes appropriations of $1,250,000 over three years for purposes of the study.

The Joint Commission was incorporated in the District of Columbia during the summer and is comprised of representatives of some twenty organizations interested in the fields of mental health and illness. The first official meeting of the Commission as a whole will be held in Washington on October 8th.

The Act provides that private monies may also be used, and that organizations using the Federal funds shall file annual reports and a final report with the Congress, the Surgeon General and State Governors.

The work planned by the Joint Commission will appraise present facilities and operating programs, and will explore new ways of treating and caring for the mentally ill, as well as new techniques of preventive medicine in this field. Ways in which we may better apply our existing knowledge will also be examined.

Dr. Daniel Blain, Medical Director of the American Psychiatric Association, will discuss this and other studies on Wednesday morning, October 5, at the Mental Hospital Institute, which is being held in Washington at the Sheraton-Park Hotel.

At their midsummer meeting, the State Governors commended the Joint Commission for its objectives and purposes, and pledged cooperation with the organization.

The American Psychiatric Association announces the availability of the

Smith, Kline & French Foundation Fellowships in Psychiatry

To enable selected staff psychiatrists in public mental hospitals and schools for the retarded to undertake postgraduate study and experience in other institutions where they may acquire some special knowledge that will advance treatment and care in their hospitals.

The program will be administered by the Smith, Kline & French Fellowship Committee, comprised of eight Fellows of the American Psychiatric Association. Applications should be in the hands of the Committee either by November 1 or April 1.

For further information write:

Smith, Kline & French Foundation Fellowship Committee
American Psychiatric Association
1785 Massachusetts Avenue N. W.
Washington 6, D. C.

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